

Dec-1984

Caring for the Sick Poor: The State Almshouse at Bridgewater, 1854-1887

Lucille O'Connell
Bridgewater State College

Recommended Citation

O'Connell, Lucille (1984). Caring for the Sick Poor: The State Almshouse at Bridgewater, 1854-1887. *Bridgewater Review*, 3(1), 8-12.
Available at: http://vc.bridgew.edu/br_rev/vol3/iss1/6

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.

Caring For The Sick Poor

The State Almshouse At Bridgewater 1854-1887

By Lucille O'Connell

The number of helpless poor in Massachusetts increased during the period of the 1840s, and the problem was greatly magnified by Irish immigration to the United States. Too large a problem to be solved on the local level, the Board of Commissioners of Alien Passengers recommended, in 1852, that the State establish three almshouses. Accordingly, the institutions were established at Bridgewater, Monson to the west, and Tewksbury to the north of Boston, and were opened in May 1854. By the end of the first year the number of inmates far exceeded expectations.

The Commonwealth took over care and treatment of all State paupers. "State paupers" were persons without a legal residence in Massachusetts and those whose place of settlement was unknown. Formerly, dependent persons in Massachusetts who were residents of towns and cities had claim upon local authorities and were locally supported; the State repaid their expenses to the towns. With an increase in the number of dependents without a local residence, claim could only be made upon the State. Hence, new institutions were created to accommodate new needs. Upon opening of the almshouses, all outdoor relief provided by the Commonwealth (for the poor in their homes) ended. It was expected that poverty would decline as a result of the new system, but the number of poor increased over the years.

Inmates went to the Bridgewater Almshouse when they were assigned either by local or Boston Overseers of the Poor, by their own application, or by transfer from another State institution. For example, when Tewksbury Almshouse became overcrowded, twenty-five to one hundred persons at a time were often transferred to Bridgewater. Foreign-born paupers were taken from the ships on which they arrived and sent to the almshouse by the Overseers (see Table 1). Inmates also came from surrounding towns and more distant places in Massachusetts: Taunton, Braintree, Roxbury, Fall River, Quincy, New Bedford, Middleboro, Boston, and occasionally from other states.

Upon entering the almshouse, inmates were classified as sick, drunk, insane, healthy, "bad," "P-t." (pregnant), lame, feeble, consump-



BACK BAY SCAVENGERS OF THE 1850's

Winslow Homer

tive, syphilitic, with "sore eyes," blind, aged, or paralyzed (see Table 2). Some of the sick poor spent the balance of their lives at the almshouse. While today there are separate institutions for the mentally ill, the mentally retarded, and homeless children, in the mid-nineteenth century these groups constituted a large part of the almshouse population.

Approximately one-third of those who entered the almshouse during the first ten years of its existence were children (see Table 3). If a child had the misfortune to enter an almshouse, his chance for survival was poor. Those with the greatest incidence of deaths were children and infants (see Table 4). The elderly were feeble and needed

care and nursing. Of the 500 to 600 inmates entering the almshouse every year, 150 were insane. The almshouse, then, functioned as an orphan asylum, a school for children, a mental institution, a home for the elderly, and a hospital. Levi Goodspeed, the first superintendent at Bridgewater, presented a comprehensive description of the job to be done in his 1857 annual report to the Board of Trustees for the institution. He wrote, "Human efforts are not always found equal to the task of raising the depressed, healing the broken-hearted, relieving the distressed victims of disease, when driven by misfortune, poverty, and sin to seek a final refuge within our doors."

TABLE I

The State Almshouse at Bridgewater, 1854-1887
BIRTHPLACE OF INMATES

Birthplace	Number	Percent
Ireland	593	42.8
United States	468	33.8
England	78	5.6
Canada	71	5.1
Scotland	21	1.5
Germany	21	1.5
Other countries	109	7.9
Unknown	23	1.7

Source: State Almshouse at Bridgewater, Record of Admission and Discharge, Vols. I and II, Massachusetts Correctional Institution Archives, Bridgewater, MA. Data compiled from a sample (every fifteenth name) in the record book.

TABLE 2
The State Almshouse at Bridgewater, 1854-1887
CONDITION AND SEX OF ENTERING INMATES

Condition	Number of Females	Percent	Number of Males	Percent	Total
Healthy	147	40.5	289	48.5	436
Pregnant	51	14.0	-	-	51
Feeble	42	11.6	74	12.4	116
Intemperate	31	8.8	36	6.0	67
Venereal Disease	27	7.4	24	4.0	51
Insane	17	4.7	35	5.9	52
Sick	17	4.7	46	7.7	63
Sore Eyes	11	3.0	22	3.7	33
Consumption	10	2.8	18	3.0	28
Lame	8	2.2	34	5.7	42
Syphilis	0	0	10	1.7	10
Blind	2	0.5	8	1.3	10

Source: State Almshouse at Bridgewater, Record of Admission and Discharge, 1854 to 1887, Massachusetts Correctional Institution Archives, Bridgewater, MA. Data compiled from a sample (every fifteenth name) in the record books.

In response to urging by the superintendents of the State almshouses, a State Law of 1865 created the Special Agent for the Sick Poor. These officials were concerned about the number of sick persons brought to the institutions who were unfit to be moved, the many who were in the last stages of disease, and the exhausted who died in the carriages which brought them, all of which led to a high mortality rate (see Table 5). The new law required local authorities to care for the sick poor at home with provision for reimbursement by the State. Only those who fell sick and had no known residence in Massachusetts could be sent to the almshouse. Nevertheless, the number of sick persons in the almshouse remained high, requiring the institution to provide continuing medical care.

This need for medical treatment required the development of medical services with a hospital, a resident physician, consulting and assistant physicians, nurses, and an apothecary. From medical care rendered for the poor, the hospital with its attendant support people and services evolved as a natural outgrowth of the institution. Thus, the Bridgewater Almshouse, and later the Workhouse (added in 1866), incorporated a free hospital with medical service that included maternity and pediatric care.

Despite these efforts, the death rate was high because many people entered the institution in a run-down and weakened condition and could not survive an attack of disease. In 1855, Dr. Charles A. Ruggles, the resident physician, appended an explanation to the mortality table in his annual report: "... when we consider the character and condition

of the persons received as inmates of this Institution, that in most cases their constitutions have been broken down by previous disease, bad living, dissipation and exposure, it will not be so surprising that the hospital report embraces so great a number" Also, Superintendent Goodspeed observed that during 1854-55 nearly 100 insane poor were admitted, most of them "taken from the different lunatic asylums -- cases that were considered incurable." The insane poor needed the custodial care provided at Bridgewater. The practice of sending sick people to the almshouse, when all hope of recovery was abandoned, continued. Levi Goodspeed reported in 1865 that "many of these cases of consumption, paralysis, cancer and hernia, had been previously treated at other hospitals or by physicians and surgeons in private practice, pronounced incurable and sent here to die."

As children and adults moved from one State institution to another, they invariably spread disease. Those who had entered the almshouse in a weakened condition frequently contracted contagious diseases and died. For example, a child described in the record book as feeble died of measles after three months, and an insane person died of consumption after several months. Chances of feeble persons surviving at the almshouse were poor. The resident physician made an effort to keep inmates with contagious diseases separated, but with only minor success. Need for a hospital among the buildings at Bridgewater is evident from the description of the almshouse population.

Almshouses were the first public hospitals and one of the first facilities to offer the opportunity for clinical training for medical students and young physicians. These free hospitals, established in other states as well (Philadelphia, Pennsylvania; Baltimore, Maryland), as part of the almshouse complex, provided medical care. The almshouse was the poor man's hospital; the well-to-do received medical care at home, away from diseased persons and drunkards at the hospital.

Suitable hospital accommodations were provided for patients, with nurses and attending physicians. Sick children in the hospital were placed under the care of their mothers, if present, and if not, then nurses took care of them. Besides male and female hospital wards, there were separate rooms and a yard for the large number of insane who were set apart from the other inmates; and lastly, there was an infant department. The hospital department of the almshouse was comparatively large, with patients comprised mainly of chronic cases, some of them occupying the wards from the time the house opened. The resident physician attended to medical needs, supervised the nurses in their duties, and made rounds of the wards. Medical attention for the sick poor was available with public support, but not available for the poor outside the almshouse. Hospitals represented one aspect of the State plan to rehabilitate the poor -- through poor relief and medical care.

Almshouses, as antecedents of general hospitals, orphanages and foundling homes,

were also places for the practical training of medical students and nurses. Training in a dispensary served as a step in the career of the "elite physician;" therefore, the dispensary provided an environment for learning and allowed ambitious young men to accumulate experience and a reputation. The dispensary at Bridgewater was an extension of the hospital, providing adequate care for the poor and adequate training for their attendants. Almshouses became centers for apprentice physicians, where the sick poor were available for clinical demonstration and practical instruction. The poor in the almshouse were also subjects for practicing new forms of treatment. The resident physician at Bridgewater, with an annual salary of \$2,000, typically remained but a year or two,

for the number of sick inmates. The following year bathtubs were installed in both the "first and second hospitals," but there was need for still "more hospital room." To provide it, the old laundry facility was removed and another hospital ward was created. There was now a pool for bathing and eight tubs for the inmates who bathed upon entry and thereafter once every week. A second dispensary was added on the "women's side of the house, . . . and the remainder of the new area was used as a room where deceased inmates are prepared for burial." The resident physician reported in 1871 that 412 patients had been admitted to the hospital, 97 remained, 85 died, and 325 were discharged. By the early 1870s, then, the almshouse facility had been greatly reduced, the workhouse function

By an Act of the State Legislature, the almshouse at Monson became the State Primary School where the children of paupers would be educated and trained "to habits of industry and have instilled into their minds religious and moral lessons to be carried with them to their homes in good families." Many of the children admitted to the Bridgewater Almshouse were sent on to Monson. However, during the time when there were 75 to 100 children annually at the Bridgewater schools (one for boys, another for girls), those who were old enough attended school for eight months of the year. The resident teacher was paid \$240 annually; in 1861 another was hired for \$200. There were far fewer children by 1867 and the schoolhouse was abandoned. The Board of State Charities later described the schools at Bridgewater as small and inadequate, but this was the result of sending children and money to Monson.

The children's major medical problem was ophthalmia. Eye diseases and poverty were related, one physician noted. Children were also victims of repeated incidence of contagious diseases. In December of 1857, scarlet fever killed eighteen children who were under three years of age. Two months later, whooping cough as well as scarlet fever took its toll. During 1872-1874, debility, cholera infantum, convulsions, bronchitis, and the lack of suitable nutrition were among the leading causes of infant mortality. A smallpox epidemic was the chief cause of death during 1872-1873. Frequently, healthy children in the almshouse caught a contagious disease and perished.

For the foundlings and orphans sent to Bridgewater, life was bleak. Some had been found abandoned in the streets. Many were seriously ill and near death when they arrived at the almshouse. It was almost impossible to bring up a child in the institution, as the tables show. For those who died, the cause was traced to their feebleness at birth; they might have lasted longer had everything been favorable but, it was claimed, they were illegitimate and had inherited a disease from one or both of their parents. A number of these babies died of asphyxia, as reported by Dr. George B. Cogswell in 1858.

Another almshouse responsibility was caring for youngsters, mainly infants, whose mothers were sentenced to the workhouse. These children were placed in the almshouse until their mothers were released. In 1867, there were forty births in the workhouse, thirty-eight of them illegitimate. Sometimes the mothers died in the workhouse and the children stayed in the almshouse. In the 1870s, the number of children in the almshouse increased, very likely because their mothers were in the workhouse.

TABLE 3

The State Almshouse at Bridgewater, 1854-1887
AGE OF INMATES WHEN ADMITTED

Age	Number	Percent
Under 1 year	121	8.8
1-5	125	9.1
6-10	110	9.0
11-15	60	4.3
16-20	113	8.2
21-25	161	11.7
26-30	166	12.0
31-35	101	7.3
36-40	109	7.9
41-45	86	6.2
46-50	52	3.8
51-55	38	2.8
56-60	53	3.8
61-65	30	2.2
66-70	19	1.4
71-75	16	1.2
76-80	12	.9
81-95	8	.6

Source: State Almshouse at Bridgewater, Record of Admission and Discharge, Vols. I and II, Massachusetts Correctional Institution Archives, Bridgewater, Massachusetts. Data compiled from a sample (every fifteenth name) in the record books.

just until acquiring the experience needed; and the assistant physician on the almshouse staff was a trainee who was paid \$400 annually. At mid-century, the existence of a hospital made medical school education more attractive to students, and some of the early almshouses became teaching hospitals.

In 1871, management of the Bridgewater Almshouse passed to Nahum Leonard, Jr. who made many improvements in the institution, far more than did Levi Goodspeed, his predecessor, particularly in the hospital department. His report for 1871 included a recommendation for enlarging the hospital facility because its accommodations were too limited

continued, while the hospital and dispensary had expanded.

Besides providing health care, the almshouse served the needs of indigent children, who were described as ignorant and friendless. Levi Goodspeed's goal was to make them "useful and respectable members of society." Newly-admitted children were given a new suit of clothes, taken to the playground for exercise and recreation and to the school which was staffed with two teachers. Older children were "bound out" (indentured) to prepare for future jobs. Goodspeed hoped they would be prepared for a better life than would otherwise be possible.

Part of the reform movement of the mid-nineteenth century was concerned with care of the mentally ill as well as prison reform, abolition, temperance, and suffrage extension. Dorothea Dix, in particular, led a national crusade for establishment of mental hospitals and separation of the insane from criminals in prisons. The Board of State Charities raised the question of how the pauper insane should be treated, and where they should be placed. The State responded by establishing a model public mental hospital in Worcester and later two more, in Northampton and Taunton. The hospitals, or lunatic asylums, tried to provide therapy, or moral treatment, with an emphasis upon a therapeutic environment, psychologically and socially, featuring gentleness, occupational therapy, and faith in curability. The incurable insane presented an obvious problem -- they occupied places in State hospitals and limited available space for the curable unless they were removed to almshouses. Paupers were ordinarily considered incurable and treatment and cure was not available to them. And so the almshouses became the lunatic asylums for the insane poor.

Cure depended upon class, with the well-to-do at private institutions like the Hartford Retreat or McLean Asylum where quality treatment was available; the poor and curable insane at the State hospitals; and "incurable" State paupers at the almshouses where custodial care was provided, but not the opportunity for treatment, improvement, and recovery. Custodial care included a shelter where the insane poor occupied beds, were restrained, if necessary, kept alive, and encouraged to work on the State farm if they were able. Massachusetts established public mental hospitals, but used the almshouses for the indigent cases of chronic mental illness, particularly Tewksbury Almshouse, which quickly became overcrowded.

Dr. Edward Jarvis' 1855 report on the insane in the State pointed to the large number of cases of insanity which constituted a great and growing problem. Jarvis showed that there was a great incidence of insanity among the poor and the paupers, and among the Irish, as well. His concern was that the vast majority of the institutionalized were foreign born and supported by the State, and the increase in Irish immigration produced a corresponding increase in cases of insanity. This development affected the almshouse adversely.

During its first year there were fifteen insane persons at Bridgewater. But by its second year, many insane were transferred from State hospitals and sent to the almshouses; there were 100 insane persons at Bridgewater by 1855. Beginning in mid-1856, Taunton and Worcester Hospitals sent

about ten inmates to Bridgewater every month. The problem was exacerbated when hospital superintendents transferred terminally-ill patients to other institutions, including Bridgewater.

In the years that followed, Goodspeed repeatedly requested of the State a separate building for the insane. He cited the response of paupers to the insane among them at the almshouse. The mentally ill were teased, taunted and provoked, increasing their excitability. Nevertheless, the incurable insane continued to be sent to Bridgewater for custodial care through 1887. In that year, Taunton, Worcester, Northampton, and the Overseers of the Poor from surrounding towns, transferred all insane men, 120 of

limited. Therefore, the number of insane persons at Bridgewater was always high, with 100 or more present at one time. Many of these incurable insane frequently died of consumption after about a year. Levi Goodspeed protested, every year, that his institution could not adequately provide for these inmates. He stated that they were "helpless, insane, demented, idiotic, and of course unable to labor." He thought they should be sent to one institution, Tewksbury, which had been designated the State receptacle for care and custody of this "class of insane."

In 1871, the superintendents of the three State Lunatic Hospitals wrote to the Board of State Charities about the need for a hospital or institution for the custody and

TABLE 4
The State Almshouse at Bridgewater, 1854-1898
AGE AT DEATH

Age	Number	Percent
Under 1	891	25.1
1	169	4.8
2	81	2.3
3	25	0.7
4	24	0.7
5	23	0.6
6-10	73	2.0
11-15	29	0.8
16-20	117	3.3
21-25	211	5.9
26-30	245	6.9
31-35	196	5.5
36-40	207	5.8
41-45	169	4.8
46-50	173	4.9
51-55	138	3.9
56-60	164	4.6
61-65	124	3.5
66-70	168	4.7
71-75	125	3.5
76-80	104	2.9
81-85	56	1.6
86-90	22	0.6
91-95	8	0.2
96-98	7	0.2

Source: State Almshouse at Bridgewater, Record of Deaths, Massachusetts Correctional Institution Archives, Bridgewater, MA. Though the primary function of the Institution was no longer care for the poor, small numbers of paupers were admitted to 1898. The figures shown above reflect all persons who died at the Almshouse.

them, to Bridgewater. The superintendent of Taunton Hospital explained that for the good of the greatest number, it was essential to remove a portion of the harmless and incurable to provide room for those with a chance for recovery, considering that State accommodations for the insane were

care of insane convicts, citing the example of New York State which used the State Asylum for Insane Convicts in Auburn, rather than the New York State Lunatic Hospital at Utica. Ultimately, by an Act of the State Legislature, the old Bridgewater Almshouse was converted into a facility for the criminally

TABLE 5
The State Almshouse at Bridgewater, 1854-1898
CAUSE OF DEATH

Cause	Number	Percent	Cause	Number	Percent
Consumption	774	25.4	Typhoid	37	1.2
Marasmus	322	10.6	Cholera Infantus	32	1.0
Phthisis	268	8.8	Meningitis	32	1.0
Old Age	137	4.5	Senile Debility	29	0.9
Debility	111	3.6	Erysipilas	28	0.9
Pneumonia	96	3.1	Syphilis	26	0.8
Scrofula	83	2.7	Lung Fever	25	0.8
Paralysis	79	2.6	Delirium Tremens	23	0.8
Heart Disease	79	2.6	Whooping Cough	21	0.7
Diarrhea	67	2.2	Hydrocephalus	20	0.7
Bronchitis	62	2.0	Softening of the Brain	19	0.6
Convulsion	54	1.7	Infantile Debility	18	0.6
Measles	53	1.7	Brain Disease	17	0.6
Scarlet Fever	52	1.7	Rubeola	17	0.6
Inanition	52	1.7	Gangrene	16	0.5
Apoplexy	50	1.6	Congestion of the Lungs	15	0.5
Dropsy	47	1.5	Croup	15	0.5
Dysentery	44	1.4	Varioloid	15	0.5
Exhaustion	44	1.4	Pulmonary TB	15	0.5
Cancer	40	1.3	Small Pox	13	0.4
Congenital Syphilis	40	1.3	Bright's Disease	13	0.4
Epilepsy	38	1.2	Cerebral Hemorrhage	11	0.4
			Other		

Source: State Almshouse at Bridgewater, Record of Deaths, Massachusetts Correctional Institution Archives, Bridgewater, MA. "Other," above, refers to those causes that resulted in fewer deaths.

insane in 1895, and other insane persons were no longer sent there from State hospitals. Inmates could be transferred from State prisons, the Massachusetts Reformatory, and from jails. This act eliminated all non-criminals from transfer to this institution for the future. The hospital and almshouse departments of the State Farm (so named in 1887) remained. By 1898, the State's concern for the insane was reflected in the creation of the State Board of Insanity.

The State provided access for all persons to its public institutions. A number of blacks were admitted to the Bridgewater Almshouse every year. They were identified in record books by placement of "Col." after their names. A "colored" person was a Cape Verdean, a Kanaka, or a black American. The Kanakas were natives of the Sandwich Islands who worked on New Bedford whaling ships. After months spent on board the ships, the Kanakas arrived in port sick with consumption and close to death. These young men, in their early and mid-twenties, died in the almshouse, too close to death when they entered for medical attention to have altered their fate. During Reconstruction, many Southern blacks who travelled to Massachusetts lacked a permanent residence, were poor, jobless, and were sent to the almshouse by the courts in Boston. Almshouse records show that a number of black

Americans, both men and women, lived on into their eighties and nineties, somehow surviving institutional conditions over several decades.

The State Almshouse at Bridgewater did not achieve what was originally intended — the reform and transformation of the poor and the end of poverty. State legislators had not anticipated precisely who the almshouse inmates would be. They were helpless people: the insane, the aged, the sick, the orphan, and the immigrant. The almshouse was the only place where help was provided. The institution admitted more than 12,000 paupers between 1854 and 1887.

A number of institutions and practices emerged from the many services provided at the State almshouses: the hospital, dispensary, orphan asylum, founding home, clinical training for medical students and nurses, welfare and poor relief, prisons for the criminally insane, schools for the mentally retarded and the handicapped, expansion of mental institutions, and immigrant aid agencies. The almshouse declined as its services were assumed by specialized institutions. The poor came to be helped by public relief, the welfare system, public hospitals, and unemployment insurance.

The Commonwealth had responded to a pressing social problem and took care of

those not able to care for themselves. From the State almshouses established in the mid-nineteenth century, a beginning of public health service emerged. The history of the almshouse is an important chapter in American social and medical history.



Photograph by Robert Ward

Dr. Lucille O'Connell is Professor of History at Bridgewater State College and a Research Associate at the Harvard Ukrainian Research Institute. She holds a BA from Brooklyn College and a Ph.D. in American Civilization from New York University. She is the author of several articles on women in American history and on Ukrainian, Polish, and Irish immigrants in America.